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CONFIRMATION NO. 1397

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| SERIAL NUMBER 10/550,919 | FILING OR 371(c) DATE 09/01/2006 RULE | CLASS 514 | GROUP ART UNIT 1609 | ATTORNEY DOCKET NO. OB080-000B/DWN | |
| APPLICANTS Jude A. Oben, London, UNITED KINGDOM; Anna M. Diehl, Ellicott City, MD; | | | | | |
| ** CONTINUING DATA ***** This application is a 371 of PCT/GB04/01323 03/24/2004 which claims benefit of 60/458,450 03/28/2003 and claims benefit of 60/466,646 04/30/2003 and claims benefit of 60/493,559 08/08/2003 and claims benefit of 60/503,142 09/12/2003 <i>CPR 06/26/2007</i> | | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 09/06/2006 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Allowance <i>KCPR 06/26/2007</i> Acknowledged Examiner's Signature Initials | | STATE OR COUNTRY UNITED KINGDOM | SHEETS DRAWING 6 | TOTAL CLAIMS 18 | INDEPENDENT CLAIMS 1 |
| ADDRESS 24350 | | | | | |
| TITLE Method of treating liver disease | | | | | |
| FILING FEE RECEIVED 640 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |